

# Chapter One

## The Consultant Role



**Child care health consultation is a specialized discipline requiring skills in addition to those used in providing health care. The consultation process builds on such concepts and skills as: development of trust, identification of problems, goal-setting, collaboration, change, and evaluation. These concepts are common to most consultation approaches and are pertinent to consultation with infant and toddler programs. This chapter will define consultant and infant nurse consultant roles, describe the process of consultation, and provide some tools for your work in this specialty.**

The role of a child care health consultant (CCHC) will vary somewhat depending on the needs of the program and the skills and knowledge of the consultant. According to the American Academy of Pediatrics and the American Public Health Association in their publication *Caring for Our Children*, the following are typical tasks performed as a part of the CCHC role:

### Role of a Child Care Health Consultant

1. Train child care providers and parents in health, safety, and nutrition
2. Assess and guide child care providers and parents about health and safety
3. Provide resources and referrals for health services for providers, children, and parents
4. Review child care facility policies, procedures, and health records
5. Assist child care providers and parents in the management of care of children with special health care needs
6. Serve as a technical assistance resource, not as a licensing inspector

Washington state child care center licensing regulations require the CCHC providing health consultation to infant child care programs to be a registered nurse with recognized training and experience in the care of infants. In Washington state, programs licensed for care must receive at least one monthly on-site visit when infants are present.

Many fields use consultation services to solve problems, improve quality, and increase skills and knowledge. Most consultation relationships are voluntary relationships. They involve a helping or problem-solving process to achieve goals. They occur between a professional help-giver and a help-seeker who has responsibility for the welfare of another person. The help-giver and help-seeker share in solving the problem. The goal is to help solve a current work problem of the help-seeker. The help-seeker benefits from the relationship in such a way that future problems may be handled more skillfully.

## Characteristics of an Effective Health Consultant

Before you accept the role of infant nurse consultant and periodically afterward, it is helpful to assess your comfort level with the range of consultant duties you may be called upon to perform. Information in Appendix B–Self-Evaluation can help you evaluate your strengths as a consultant. It includes the Health Consultant’s Self-assessment Tool and the Communication Skills Self-assessment. The following are some of the characteristics of an effective health consultant.

- Possesses knowledge relevant to the consultees’ concerns and can translate knowledge into skills and skills into action
- Works capably and comfortably with diverse populations
- Provides an objective point of view throughout the consultation process
- Communicates effectively using the child care provider’s language
- Recognizes and acknowledges strengths as well as weaknesses of the child care program
- Assists to increase the consultee’s problem-solving skills
- Collaborates with the consultee to identify and translate program needs into a plan of action for change
- Recognizes barriers to change
- Increases resources available for making important changes
- Remains polite, honest, positive, flexible, and upholds standards of confidentiality
- Uses self-assessment to evaluate personal performance

## Who is Included in the Consultation Process?

For the child care health consultant, consultees can include a variety of people. Typically the consultant’s primary relationship is with the child care provider. It is not unusual, however, for the consultant to work closely with parents, other health professionals, and regulators such as licensors and health surveyors.

### The Consultant/Family Relationship

The CCHC primarily consults with the child care staff. However, there may be times that you will interact with families in your role as a consultant to the child care program. Situations that might call for your involvement with families include:

- Reminders to families about the need for immunizations and information about health care resources
- Meetings with staff and families to develop plans when there are concerns about children’s health, development, or behavior
- Clarification about medications, medical treatments, special diets, or other recommendations made by health care providers that may be confusing to families and/or providers

If you are involved in these or other interactions with families, here are some tips to promote positive relationships.

- Encourage child care staff to communicate directly with families, but recognize that at times your involvement might provide a “buffer” or add some credibility when there are sensitive or complex health issues to address
- Contact families **only after** checking with the child care provider; keep staff informed about your interactions, and involve them as much as possible in your interactions with families
- Document your contacts with families just as you would those with centers and homes

- Offer recommendations or complete a screening or an assessment of a specific individual child **only after** the consent of the child's parent/guardian

## The Consultant/Licensor/Health Surveyor Relationship

Child care licensors and Department of Health facilities surveyors are important members of the team in promoting health and safety in child care settings. Their role is to ensure that child care centers and homes meet the minimum licensing requirements of the Washington Administrative Code (WAC).

Providers often look to health consultants for help in implementing the child care licensing regulations. With the exception of requirements such as child/adult ratios, size of facilities, meal patterns, and immunizations, many of the regulations allow for flexibility and individualizing in carrying them out. Your health expertise can be valuable to providers as they strive to meet the requirements related to health, safety, and nutrition. Follow these suggestions to ensure that your recommendations are not in conflict with the licensing requirements:

1. Become familiar with the WAC and the accompanying handbook, *An Adult-Sized Guide to Child-Sized Environments*; stay informed about licensing revisions.
2. Get to know the center and home licensor(s), health facility surveyor(s), and state fire marshal who serve your community. Initiate regular meetings with them to discuss questions and challenges that centers and homes encounter in complying with requirements.
3. Encourage the center director or home provider to review your recommendations with the licensor when you make suggestions related to licensing requirements.
4. Confer with the appropriate regulatory agency when you have questions about whether your recommendations meet the intent of regulations.
5. Consult with other centers and homes regarding their strategies for meeting licensing requirements about which you have questions.
6. Check with regulatory staff regarding the availability of written guidelines regarding interpretation of regulations.
7. Provide written documentation for centers and homes to use for reference if questions arise later, when there is staff turnover, and whenever you obtain clarification from regulatory staff.

Approach your relationship with licensors, health surveyors, and the fire marshal as a member of a team with the common goal to promote health and safety. This will allow all involved to make their expertise available to centers and homes and the children and families they serve.

Communication is the cornerstone of trusting and effective consultation relationships whether you are working with providers, licensors, other health professionals, or parents.

You will undoubtedly use a variety of techniques to encourage communication, such as giving broad openings, active listening, open-ended questions, acceptance of the speaker's feelings, and awareness of your own feelings (refer to the Appendix B–Self-Evaluation to assess your communication skills).

It is critical to recognize barriers to effective communication as you consult. Some of those barriers include perceptions and biases. Be aware of your own biases and the biases of the consultee.

**Who is Included  
in the  
Consultation  
Process?**  
continued

**The Importance  
of  
Communication  
Skills in  
Consultation**

## Some Do's and Don't's of Consultation



# Health Consultant Tip

## The Do's and Don'ts of Consultation

### WHAT TO DO

- Get organized before consultations
- Admit when you don't have the answer
- Have helpful strategies and materials in mind without predetermining what the consultee should do
- Avoid jargon and avoid suggestions that conflict with licensing or best practices
- Look for something genuinely positive and comment on it
- Use feedback for positive information, not just negative comments
- Accept what is working for the program, even if you might do it differently
- Maintain contact
- Meet the program where they are
- Address program's needs first.
- Let consultee know as soon as possible if there is a schedule change or if you will be delayed.
- Listen to staff concerns
- Assure confidentiality within your legal responsibilities
- Be respectful
- Document your visit
- Provide resources for parents
- Remember that you are a consultant, not a regulator

### WHAT NOT TO DO

- Act as if you know it all or come in like gangbusters
- Fail to learn about the consultee
- Be definite, dogmatic, unyielding
- Sulk when your advice is not taken
- Conspire to cause unwanted, unnecessary change
- Use jargon and abbreviations that others do not understand
- Neglect to involve others in setting goals
- Expect immediate results
- Fail to acknowledge the hard work and accomplishments of the consultee
- Criticize the organization to insiders and outsiders
- Be disorganized
- Spend time talking about your personal life, problems, and stresses
- Have no plan for closure; just announce "Today is the last time we will meet!"

## Policy Development

A consultant should be aware of the program policies in each program they are consulting with. Many times, a consultant can identify gaps in policies that need to be addressed to assure comprehensive policies for a program. These policies can be as varied as an ill child policy to a conflict resolution policy for staff and families. The following is a partial list of policies that most child care facilities should have:

- Health policy
- Medication Policy
- Disaster/Emergency Policy
- Conflict Resolution Policy
- Behavior Policy
- Staff Health Policy
- Bloodborne Pathogen Policy

When reviewing policies or when assisting with policy development, there are several important concepts to keep in mind. The policy cannot contradict the regulations governing the licensing of a program, nor should they be out of compliance with state and federal regulations. The true need for the policy and its implementation should be reviewed. Most policies will deal with the care of the children in the setting, but the consultant may also be asked to assist in personnel policy development. Throughout this manual are concepts that can be applied to various child and staff focused policies. The issue of conflict resolution is difficult for everyone, but is very important in the running of an organization. It is important to have a policy in place, reviewed, explained, and understood by all involved BEFORE there is a conflict. Many sample policies can be found in Appendix E.

## Conflict Resolution

Occasionally there will be conflicts between the consultant and the consultee, or conflicts within the program they are consulting with, and the consultant will be asked to assist in resolving the conflict. It is important to be proactive in these situations and to address concerns before they become issues of conflict between various parties. One way to be proactive is to help child care programs develop a conflict resolution policy.

In developing a conflict resolution policy, it is important that it includes steps for the staff/families to take if they are unhappy or in opposition to the program's handling of events or other policies that are in place. There should also be procedures for seeking outside assistance from community based organizations for the negotiation, mediation or arbitration of disputes that threaten to disrupt services to children and families. It might be helpful to involve community organizations in the development of policy and the resolution of any dispute. The major proactive step child care programs can take in preventing disputes is to communicate all policies and procedures to the staff and families that are involved with the agency. It is also important to review these policies as new staff are hired and assure that everyone understands the policies and are in agreement about their implementation, especially those involving the care of the children.

The following are steps that may assist in conflict resolution when working with staff and families:

- Anticipate — be aware of families cultures, beliefs, and philosophy of care
- Understand — try to anticipate and understand the results of actions taken by staff and the affect it may have on families
- Defuse — when discussing the disagreement use neutral words and a calming voice
- Deflect — if the discussion becomes angry and loud, or those involved are becoming quite emotional, suggest deferring further discussion, and set a new date and time

## The Stages of Consultation

Although each consultant-consultee relationship is unique, there are some common aspects to all of them, and following a systematic approach like the one that follows can help you make the most of your consultation contacts.

### Stage 1 - Preparation for Consultation

1. Develop an introductory statement to identify yourself and your services.
2. Arrange to meet at a convenient time and location (ideally, at the child care site in a space where there will be few or no interruptions.)
3. Prepare your "Consultant's Tool Kit" based on anticipated needs.

### Stage 2 - Initiation of Consultation

1. Arrive promptly.
2. Introduce yourself and your services. Describe your role as a consultant, your fees, and how you typically work with child care programs.
3. Identify the consulting services the program is interested in and/or is required to receive.
4. Learn about the child care program, its philosophy, and the types of families served.
5. Identify relationships the program has with other health professionals and/or consultants.
6. Review a draft written agreement and develop a preliminary plan for consultation visits.
7. Set an agenda for the rest of the visit (or the next visit) based on perceived needs.

### Stage 3 - Collection of Information and Assessment

1. Focus on concerns identified by the consultee.
2. Describe issues with which nurse consultants typically help (i.e., develop/review of health, illness, injury prevention and management policies, care practices such as feeding and diapering, etc.) when the consultee doesn't identify a need.
3. Collect information through discussions and record review (see Appendix C).
4. Acknowledge strengths of the program.



### Health Consultant Tip How to be a Polite Observer

Observation is one of the most useful strategies for collecting data.

1. Ask when the best time to observe would be and observe at that time. Identify classroom rules at this time.
2. Ask the staff to explain to the children ahead of time (if appropriate) that you are coming to see their room, not to play with them.
3. Bring only necessary items and tools to the observation.
4. When you arrive, introduce yourself again to the staff you will be observing.
5. Avoid being disruptive or giving nonverbal cues of approval or shock.
6. Schedule a convenient time for the staff to answer questions about items you were not able to observe and provide feedback.

## Stage 4 - Identification of Needs/Concerns

1. Analyze information collected during the assessment stage and jointly identify needs and/or areas of concern.
2. Prioritize needs.
3. Work with consultee to set goals.

The Stages of  
Consultation  
continued

## Stage 5 - Selection of Strategy

1. Use a collaborative, problem-solving approach to generate options and discuss possible outcomes of each.
2. Select the most feasible and potentially successful strategy that can also be implemented with minimal guidance from the consultant.
3. Incorporate methods of evaluation into the strategy (how will the consultee know if the strategy worked?).

## Stage 6 - Implementation of Strategy

1. Set a timeline for implementing the strategy selected.
2. Identify responsibilities of consultee and consultant to implement strategy.

## Stage 7 - Evaluation of Outcomes

1. Evaluate the effectiveness of the strategy upon completion.
2. Reassess periodically.
3. Provide positive reinforcement for changes.
4. Adjust plan as needed.
5. Evaluate effectiveness of consultation relationship periodically (see section Evaluating Consultation in this chapter).
6. Bring closure to consultation relationship if it is no longer needed and/or desired.



## The Early Stages of Consultation – An Example

*Accompany Martha as she makes her first visit to Top Notch Infant –Toddler Child Care Center and goes through several of the Stages of Consultation.*

Martha walks into the Top Notch Infant –Toddler Child Care Center and is greeted by a young woman.

“Hi. You must be Martha from the health department. I’m Virginia, the director.”

“Hello. It’s nice to meet you. You have a lovely play area.” Martha comments as she shakes Virginia’s hand.

“We are pretty proud of it,” Virginia says, smiling. “Let me take your coat”

As Virginia shows Martha around, introducing her to the teachers. they talk about how long Virginia has been the director, where she has worked before, and what she really likes about her job.

“It is a difficult job.” Martha says. “I hope during our monthly visits I’ll be able to help you with some of the challenges you face, especially related to health, safety, and nutrition. Are there any things in particular that you need my help with?” she asks.

“No, not that I can immediately think of,” Virginia replies. “But then having a health consultant is new for our center. What can you do for us?”

“Well, there are a variety of things. As a consultant, I like to help you have best practices in your center. I can also help you with referrals if you are concerned about the development of any of the children. I can do some training about illnesses, illness prevention, and other topics. I like to see what your needs are, and then see what I can do to help. I can also help you implement ways to meet licensing requirements if you would like.”

“Great,” Virginia responds. “Now, this is our infant room. You’ll need to take your shoes off. Boy! Do our parents hate that part,” Virginia says.

“It is such a good thing, having a shoe-free room. Perhaps reminding them that removing shoes reduces by 75% the bad things that the children are exposed to while they are crawling around on the floor will help them see the rule as a benefit to them,” Martha suggests.

“Maybe that will help them feel better about our rule. I’ll try it,” Virginia says.

With shoes removed, the two enter the room. Virginia introduces Martha to the staff and explains, “Martha is the nurse consultant who will be visiting the center once a month.”

As they talk, Martha glances around the room, noticing the diaper-changing area, food preparation area, cribs, and toys. “It’s a lovely room,” Martha comments with a smile. “Someone really put some thought into arranging the space so the older babies can move around yet still give staff easy access to all the things they need. I’m looking forward to getting to know all of you and finding out how I can be of help. What time of day is the most convenient for me to come for my visits? I can’t guarantee anything, but I’d like to try.”



"10 am is the best I think," Sarah, one of the staff, responds. "You'll catch most of the kids awake then, and still in relatively good moods."

"Then 10 it is. 'Til next month," Martha says as she and Virginia leave the room and head for the office. For the rest of their meeting, Martha reviews her health department's pamphlet describing their consultation program and explains the kinds of things she typically does with infant programs. She gives Virginia a sample of the written agreement she usually completes with the center, and the two identify some of the services Martha will provide for Top Notch. Virginia indicates it is time for their health policies to be reviewed, so Martha takes a copy with her and promises to look them over before their next meeting. Martha takes a moment to write a record of the day's visit. Then, after they set a date and time for the next visit, Martha hands a poster to Virginia. "I thought you might enjoy this; it's my favorite car seat poster."

"Thanks," Virginia replies as she takes the poster. "This will be great! And thank you for coming out, Martha," Virginia comments as they shake hands.

"I'm looking forward to working with you," Martha replies. "Here is my card and the record of our visit today. Feel free to call me if something comes up between now and our next visit. Otherwise, I'll see you in a month. At that visit, let's go over any comments I have on your health policies and talk about other things you might want my help with. See you soon!"

## The Early Stages of Consultation – An Example continued

*Sample forms like those suggested in this example can be found in Appendix D).*



## Evaluating Consultation

Evaluation of the effectiveness of infant nurse consultation takes place on several levels and from different perspectives. An evaluation can measure the satisfaction level of the infant program with the services in helping them to meet their goals. An evaluation could also measure the effectiveness of the consultation program in meeting community goals as established by the health department or the agency the nurse represents. An evaluation could also be a self-assessment by the consultant regarding effectiveness in the nurse consultant role.

### Evaluation of the Child Care Program's Satisfaction

Periodically, the consultant will want to evaluate the program's satisfaction with the services provided. The sample evaluation form found in Appendix A is an example of how to survey child care center or home satisfaction. You may want to modify it to reflect the responsibilities and expectations outlined in the agreement you've developed with the program.

### Evaluating How the Consultation Program Meets Community Goals

Evaluation of the consultation program's effectiveness begins with the development of program goals and objectives. Many consultation programs work collaboratively with a wide range of partners to not only assess the needs of infants/toddlers in child care, but also to assess the needs of the children's parents and the caregivers. Consultants also help child care programs define program goals. Here are some examples of outcomes that child care consultation programs might set:

- Increased access to affordable and appropriate health care for young children enrolled in child care
- Increased linkages to support services for children with special health and developmental needs
- Development of a formal infrastructure enabling timely and effective collaboration between the health and child development communities
- Increased rates of immunization
- Increased access to behavioral health consultation and support for child care providers
- Development of a current system for information on emergent health, safety and developmental issues for infant/toddler child care providers and the families they serve
- Increased professional development of child care staff

At the time goals are set, it is important for the consultation program to identify strategies to measure its effectiveness (i.e. statistics about the numbers of children, families, and providers served; random samples of illness and/or injury rates in child care settings; records reviews; data analysis of communicable disease reports and immunization rates, etc.) and to implement systems for data collection and analysis. Periodically, the consultation program and its partners will want to review how effectively they have responded to the needs identified.

The legal responsibilities of the child care health consultant relate to the licensing regulations for the consultant's particular field of practice. Nurses, for instance, need to know the regulations from the state's Nurse Practice Act and how the Board of Nursing has interpreted them. The policies and procedures within the agency for which the consultant may work must also be considered, as must state laws, especially those regarding the mandated reporting of suspected child abuse and neglect. Please see other considerations as they appear in the following chapters.

## Legal Responsibilities Of The Child Care Health Consultant



### Health Consultant Tip

#### The Tool Kit

The following is a list of items consultants often like to take along on visits.

- Consultation program brochure
- Agency brochure/description of services and contract
- *Public Health Consultation in Child Care* manual
- Child care health reference books (e.g., *Child Care Health Handbook*, *Parent-Provider Connection*, *Keep On Track*, etc.)
- Washington State licensing requirements
- List with phone numbers for regulatory offices
- Stem thermometer
- Choke tube and/or ruler to measure size of toys and equipment openings
- Handouts
- Health/safety checklists (Appendix I)
- Records to document visit (Appendix C)
- Forms:
  - On-site visit report forms (Appendix C)
  - Referral form (Appendix D)

## One Director's Perspective on Health Consultants

**Mike Kasprzak, director of Interlake Child Care Center in Seattle, has a great deal of experience working with infant nurse consultants. He offers the following suggestions about how to make this consultant-provider relationship productive and rewarding.**

My vision of an ideal nurse consultant is someone who is a fount of wisdom with a sense of humor and a flexible notion of the consultant role's potential and possibilities. We need to feel that the consultant is on our side and genuinely appreciates our center. This makes it possible for the consultant to raise concerns and even criticize us and be taken seriously. The desired consultant is someone who remains our ally, even while holding our feet to the fire about things we need to attend to.

Now to the practical aspects. Like most directors, I'm ridiculously busy. I'm habitually keeping track of way too many things, so I do appreciate a reminder note or call before our nurse consultant comes out for a visit. In my opinion, mornings are best for visits, although each center has its own routines and schedules, as does each director. I suggest that the consultant talk with the director or program manager about dates, times, and protocol right away. If a director is unsure what will work best over the long haul, or if a center's needs change, the nurse consultant and director can always make mid-course corrections later.

I think that the nurse consultant's primary task should be to advise and assist the caregivers. I'll make the time to talk with our consultant when I need to, and I do appreciate it when the nurse consultant takes a moment, during or at the end of the visit, to check in with me.

The kinds of questions we tend to bring up with nurse consultants are often of the "should we be concerned about this?" variety. Sometimes we'll ask the nurse consultant to observe a child, or arrange with the consultant to talk with a parent. Equally important, though, have been things our consultants have noticed or asked about on their own. After all, the nurse consultant has the expertise to notice, on occasion, something that might not register even with an experienced caregiver. Our consultants have been of help, even more often, pointing out things about room routines, equipment safety, and the like that we've either failed to notice (what you're used to you don't always pay much attention to) or need to be reminded are important to change or rectify.

Handouts are nice, particularly when provided in response to, and when addressing, issues that have come up. General information handouts, however excellent, sometimes go unread because we're all busy people.

For many years, one of Interlake's first nurse consultants prepared a column for our monthly parent newsletter. Sometimes she would answer questions from parents and sometimes write on subjects she deemed relevant to parents. The column was informative and well received.

Between visits, a phone consultation is occasionally valuable. Some nurse-parent consultations have had to happen by phone simply because a meeting is too difficult to arrange at some mutually workable time.

Here's my advice about what NOT to do:

1. Don't come across as just another representative of the bureaucratic establishment, trying to make our tough jobs even harder.
2. Do get to know us, and even like us, without sacrificing your objectivity or your quite helpful perspective as an informed outsider. It's a wasted opportunity if a nurse consultant's seemingly wooden or off-putting manner gets in the way of a partnership. We need your help, but by way of your sympathy for the importance and difficulty of what we do.

— Mike Kasprzak

**One Director's  
Perspective on  
Nurse  
Consultants  
continued**

- Complete the Health Consultant's Self-Assessment Tool and the Communication Skills Self-Assessment (Appendix B). Use them to guide your development as a health consultant.
- Review your program's goals and objectives; be sure that evaluation mechanisms are in place to measure your effectiveness in meeting the goals.
- Develop or add to your Health Consultant's "Tool Kit".
- Review the forms you use and develop, update, or modify them (Appendix C and D).
- Develop and implement a Child Care Satisfaction Survey (On-Site Consultant/Consultee Evaluation Form, Appendix A).
- Develop or revise a site observation/assessment tool for use in identifying needs and concerns at the child care site.
- Develop a kit of sample policies and procedures to help either develop or review policies (Appendix E).

**Incorporating  
this Chapter  
into Your  
Practice**

